

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Western Majority Project

ADDRESS (number and street)

191 University Blvd. #824

☐Check if different
than previously
reported. (ACC)

Denver

CO

80206

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00432211

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Alice Madden

Signature of Treasurer

Electronically Filed by Alice Madden

Date

01

31

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Western Majority Project

Report Covering the Period:

From:

M M	D D	Y Y Y Y
0 7	0 1	2 0 0 7

To:

M M	D D	Y Y Y Y
1 2	3 1	2 0 0 7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		0.00
(b) Cash on Hand at Beginning of Reporting Period	44504.23	
(c) Total Receipts (from Line 19)	13500.00	60250.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58004.23	60250.00
7. Total Disbursements (from Line 31)	7180.00	9425.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50824.23	50824.23
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	23495.33	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Western Majority Project

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2000.00	14250.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	2000.00	14250.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	11500.00	46000.00
(c) Other Political Committees (such as PACs)	13500.00	60250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13500.00	60250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13500.00	60250.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4680.00	6925.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4680.00	6925.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2500.00	2500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7180.00	9425.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7180.00	9425.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	13500.00	60250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13500.00	60250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4680.00	6925.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4680.00	6925.77

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Western Majority Project

A.

Full Name (Last, First, Middle Initial)

Bartley O'Hara

Mailing Address 3400 McKinley St., N.W.

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 7

Transaction ID: 11ai-000000023

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

David Bonderman

Mailing Address 301 Commerce St., Suite 3300

City

Fort Worth

State

TX

Zip Code

76102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Philanthropist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 11ai-000000025

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Western Majority Project

A.

Full Name (Last, First, Middle Initial)

Realtors PAC (R.P.A.C)

Mailing Address 430 N. Michigan Ave

City

Chicago

State

IL

Zip Code

60617

FEC ID number of contributing
federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2007

Transaction ID: 11c-000000022

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Comcast Corporation PAC

Mailing Address 1500 Market St.

City

Philadelphia

State

PA

Zip Code

19102

FEC ID number of contributing
federal political committee.

C C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2007

Transaction ID: 11c-000000019

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

American Dental PAC

Mailing Address 1111 14th Street NW, Suite 1100

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2007

Transaction ID: 11c-000000020

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Western Majority Project

A.

Full Name (Last, First, Middle Initial)
CRNA PAC

Mailing Address 412 First Street, SE
Suite 12

City State Zip Code
Washington DC 20003

FEC ID number of contributing
federal political committee.

C C00173153

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 19 2007

Transaction ID: 11c-000000021

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Qwest PAC

Mailing Address 607 14th St, N.W., Suite 950

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00237156

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2007

Transaction ID: 11c-000000024

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
AFSCME - PEOPLE

Mailing Address 1625 L Street, NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C C00011114

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 09 2007

Transaction ID: 11c-000000027

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

11500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Western Majority Project

A. Full Name (Last, First, Middle Initial) Patton Technologies, LLC	Transaction ID: 21b-02-00017-00024 Date of Disbursement
Mailing Address 2333 Alexandria Drive	<div> <div>07</div> <div>01</div> <div>2007</div> </div>
City Lexington State KY Zip Code 40504	Amount of Each Disbursement this Period
Purpose of Disbursement Software Licensing Fee Candidate Name	<div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) David Winkler	Transaction ID: 21b-02-00019-00027 Date of Disbursement
Mailing Address 715 Logan St.	<div> <div>07</div> <div>01</div> <div>2007</div> </div>
City Denver State CO Zip Code 80203	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Candidate Name	<div>180.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CommonCentsConsulting, LLC	Transaction ID: 21b-02-00016-00021 Date of Disbursement
Mailing Address PO Box 12011	<div> <div>07</div> <div>01</div> <div>2007</div> </div>
City Casa Grande State AZ Zip Code 85230	Amount of Each Disbursement this Period
Purpose of Disbursement Compliance Consulting Candidate Name	<div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1180.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Western Majority Project

A.

Full Name (Last, First, Middle Initial)
CommonCentsConsulting, LLC

Mailing Address PO Box 12011

City Casa Grande State AZ Zip Code 85230

Purpose of Disbursement
Compliance Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-02-00016-00022

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
CommonCentsConsulting, LLC

Mailing Address PO Box 12011

City Casa Grande State AZ Zip Code 85230

Purpose of Disbursement
Compliance Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-02-00016-00023

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

4680.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Western Majority Project

A.

Full Name (Last, First, Middle Initial)
American Gaming Association

Mailing Address 1299 Massachusetts Ave, NE
Second Floor

City Washington State DC Zip Code 20002

Purpose of Disbursement
Refund - Non Registered Comm

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 29-02-00024-00032

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 / 18

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Western Majority Project**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
CommonCentsConsulting, LLCNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 12011

City State ZIP Code
Casa Grande AZ 85230

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000003

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CommonCentsConsulting, LLCNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 12011

City State ZIP Code
Casa Grande AZ 85230

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000004

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CommonCentsConsulting, LLCNature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 12011

City State ZIP Code
Casa Grande AZ 85230

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000005

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) SUBTOTALS This Period This Page (optional).....

1500.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 / 18

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Western Majority Project

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CommonCentsConsulting, LLC

Nature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 12011

City State ZIP Code
Casa Grande AZ 85230

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000006

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CommonCentsConsulting, LLC

Nature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 12011

City State ZIP Code
Casa Grande AZ 85230

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000007

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CommonCentsConsulting, LLC

Nature of Debt (Purpose):
Compliance Services

Mailing Address PO Box 12011

City State ZIP Code
Casa Grande AZ 85230

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000008

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional).....

1500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 / 18

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Western Majority Project**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Technologies, LLCNature of Debt (Purpose):
Compliance Software

Mailing Address 2333 Alexandria Drive

City State ZIP Code
Lexington KY 40504

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000001

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Technologies, LLCNature of Debt (Purpose):
Compliance Software

Mailing Address 2333 Alexandria Drive

City State ZIP Code
Lexington KY 40504

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000002

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Perkins CoieNature of Debt (Purpose):
Legal Services

Mailing Address 1201 Third Avenue, 40th Floor

City State ZIP Code
Seattle WA 98101

Outstanding Balance Beginning This Period

126.00

Transaction ID: 10-000014

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

126.00

1) SUBTOTALS This Period This Page (optional).....

1626.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Western Majority Project

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Perkins Coie

Nature of Debt (Purpose):
Legal Services

Mailing Address 1201 Third Avenue, 40th Floor

City State ZIP Code
Seattle WA 98101

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000015

Amount Incurred This Period

630.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

630.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Perkins Coie

Nature of Debt (Purpose):
Legal Services

Mailing Address 1201 Third Avenue, 40th Floor

City State ZIP Code
Seattle WA 98101

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000016

Amount Incurred This Period

90.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

90.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Perkins Coie

Nature of Debt (Purpose):
Legal Services

Mailing Address 1201 Third Avenue, 40th Floor

City State ZIP Code
Seattle WA 98101

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000012

Amount Incurred This Period

490.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

490.00

1) **SUBTOTALS** This Period This Page (optional).....

1210.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Western Majority Project**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Perkins CoieNature of Debt (Purpose):
Legal Services

Mailing Address 1201 Third Avenue, 40th Floor

City State ZIP Code
Seattle WA 98101

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000013

Amount Incurred This Period

590.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

590.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
R&R Partners, Inc.Nature of Debt (Purpose):
Printing and Design Servi-
cesMailing Address 900 S. Pavilion Center Dr.
Suite 100City State ZIP Code
Las Vegas NV 89144

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000017

Amount Incurred This Period

646.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

646.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Ashmead GroupNature of Debt (Purpose):
Fundraising ConsultingMailing Address 223 Massachusetts Ave, NE
2nd FloorCity State ZIP Code
Washington DC 20002

Outstanding Balance Beginning This Period

2912.94

Transaction ID: 10-000009

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2912.94

1) **SUBTOTALS** This Period This Page (optional).....

4148.94

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Western Majority Project**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Ashmead GroupNature of Debt (Purpose):
Fundraising ConsultingMailing Address 223 Massachusetts Ave, NE
2nd FloorCity State ZIP Code
Washington DC 20002

Outstanding Balance Beginning This Period

5510.39

Transaction ID: 10-000010

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5510.39

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Ashmead GroupNature of Debt (Purpose):
Fundraising ConsultantMailing Address 223 Massachusetts Ave, NE
2nd FloorCity State ZIP Code
Washington DC 20002

Outstanding Balance Beginning This Period

5000.00

Transaction ID: 10-000018

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Ashmead GroupNature of Debt (Purpose):
Fundraising ConsultingMailing Address 223 Massachusetts Ave, NE
2nd FloorCity State ZIP Code
Washington DC 20002

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000020

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional).....

11510.39

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Western Majority Project**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Ashmead GroupNature of Debt (Purpose):
Fundraising ConsultingMailing Address 223 Massachusetts Ave, NE
2nd FloorCity State ZIP Code
Washington DC 20002

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000021

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Ashmead GroupNature of Debt (Purpose):
Fundraising ConsultingMailing Address 223 Massachusetts Ave, NE
2nd FloorCity State ZIP Code
Washington DC 20002

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000019

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional).....

2000.00

2) **TOTALS** This Period (last page this line number only).....

23495.33

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

23495.33